DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

[X] Submitted with Initial Filing

(Surcharge (37 CFR 1.16(e)) required)

Attorney Docket No.: 35835US1

First Named Inventor: NICK M. MILLER, IV et al.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-CONFIGURATION DISPLAY DRIVER

the specification of which

[X] is attached hereto,

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Provisional Filing Date
Application Number(s) (MM/DD/YYYY)
60/484,337 July 2, 2003

As a named inventor, I hereby appoint all practitioners at Customer No. 000116 as my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer Number 000116.

Please direct all correspondence and inquiries to Paul A. Serbinowski or Robert F. Bodi at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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